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From : Stephen E. Reiter *SR*
 Email Address : sreiter@foley.com
 Sender's Direct Dial : 858.847.6711
 Date : January 11, 2006
 Client/Matter No : VPHAR1460-2
 (ABI1460-2 (071243-1301))
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MESSAGE:

Re: Application Serial No. 09/446,783

Following are

- 1) Notice of Appeal with Petition for Extension of Time and Deposit Account Authorization, in duplicate (4 pgs.)

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JAN 11 2006

Atty. Dkt. No. VPHAR1460-2
ABI1460-2 (071243-1301)

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant: Desai et al.

Title: NOVEL FORMULATIONS OF
PHARMACOLOGICAL AGENTS,
METHODS FOR THE
PREPARATION THEREOF AND
METHODS FOR THE USE
THEREOF

Appl. No.: 09/446,783

Filing Date: 5/16/2000

Examiner: M. Hartley

Art Unit: 1616

Conf. No. 2878

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I hereby certify that this paper is being facsimile transmitted to the United States Patent and Trademark Office, Alexandria, Virginia on the date below.	
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_____ <i>Stephen E. Reifer</i> (Signature)	
_____ January 11, 2006 (Date of Deposit)	

**NOTICE OF APPEAL FROM THE EXAMINER TO THE BOARD
OF PATENT APPEALS AND INTERFERENCES**

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

Applicant hereby appeals to the Board of Patent Appeals and Interferences from the decision of the Examiner in the Final Office Action dated July 12, 2005, finally rejecting Claims 73-75, 103-105 and 122-133.

- Applicant claims small entity status.
- Applicant hereby petitions for an extension of time under 37 C.F.R. §1.136(a) for the total number of months checked below.

Notice of Appeal Fee

01/12/2006 TL0111 00000045 500872 09446783

01 FC:1401 500.00 DA
02 FC:1253 1020.00 DA

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Atty. Dkt. No. VPHAR1460-2
ABI1460-2 (071243-1301)

In re application of
Desai *et al.*
Application No.: 09/446,783
Page 2 of 2

To be paid as detailed below.

The required fees are calculated below:

<input checked="" type="checkbox"/>	Notice of Appeal Fee	\$500.00
<input checked="" type="checkbox"/>	Extension for response filed within the third month:	\$1,020.00
<input type="checkbox"/>	Extension:	\$0.00
	FEE TOTAL:	\$1,520.00
<input type="checkbox"/>	Small Entity Fees Apply (subtract 1/2 of above):	\$0.00
	TOTAL FEE:	\$1,520.00

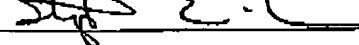
Please charge Deposit Account No. 50-0872 in the amount of \$1,520.00. A duplicate copy of this transmittal is enclosed.

The Commissioner is hereby authorized to charge any additional fees which may be required regarding this application under 37 C.F.R. §§ 1.16-1.17, or credit any overpayment, to Deposit Account No. 50-0872. Should no proper payment be enclosed herewith, as by a check being in the wrong amount, unsigned, post-dated, otherwise improper or informal or even entirely missing, the Commissioner is authorized to charge the unpaid amount to Deposit Account No. 50-0872.

Please direct all correspondence to the undersigned attorney or agent at the address indicated below.

Respectfully submitted,

Date: January 11, 2006

By 

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